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To Baroness Sherlock  
House of Lords

18<sup>th</sup> September 2023

Dear Maeve,

Last week I promised to write to you on a number of questions you raised during the course of the debate that followed the Lords Statement on the Government's Work Capability Assessment consultation. It provides an opportunity to give a full answer to your specific and detailed questions raised. These are set out below,

**1. Is the sole intention of this exercise to reduce the number of people who are classed as having limited capability for work and work-related activity? If so, by how many? Is there a target?**

The primary purpose of the consultation is to consider how the Work Capability Assessment should evolve to reflect changes in the world of work. The categories used in the assessment itself haven't been updated since 2011 yet the labour market has undergone major changes during this time. There are no targets to reduce the number of people who are found to have limited capability for work and work-related activity.

Work supports good mental and physical health. It can also provide greater financial security and enable people to live independently. Improving employment outcomes for disabled people and people with health conditions can help unlock their talents, promote equal access to opportunity and contribute to the economy.

The government wants to ensure that people with health conditions who can work receive support to move into work. And we know many disabled people and people with health conditions would like to work and feel they could with the right support.

Despite this, growing numbers of people are currently being assessed as having restricted ability to work under Universal Credit and Employment and Support Allowance – even though the world of work has moved on, with increased flexibility and availability of home working. The barriers which would have prevented someone from working a few years ago are no longer insurmountable and we should not hold people back from these opportunities.

We are consulting on a range of proposals and we are committed to listening to people's views before decisions are taken.

**2. Whether DWP could choose to offer employment support now to people who are deemed LCWRA?**

While support is already available for people to access voluntarily where they have limited capability for work and work-related activity, in practice very few take up that opportunity. This is despite the fact that we know that 1 in 5 people in this group would like to work at some point in the future if the right job and support were available. We want to ensure that everyone who is able to undertake activities to bring them closer to the labour market is in regular contact with a work coach, who will tailor support appropriately. Further, the world of work has transformed since the pandemic. More people are able to benefit from the advantages and opportunities of flexible and home working. Thus, WCA assessments should reflect the modern world of work and better employer understanding of how to overcome work-related barriers for disabled people and people with physical and mental health conditions.

**3. If people were classed as LCW rather than LCWRA, would that make any other difference to them, as opposed to just getting employment support? Might it affect how much money they were given to live on while they were waiting to get a job?**

The outcome of a WCA determines the work requirements, employment support, and the rate of benefit on both Universal Credit and Employment and Support Allowance.

Individuals moving from LCWRA to LCW will receive support from a work coach to agree and take steps to help start preparing for work. They will continue to receive the standard rate of benefit for ESA or UC but no additional health payment. Rates of benefit for UC and ESA are set out in Annex D of the consultation.

**4. The Health and Disability White Paper outlined plans to abolish the work capability assessment altogether and replace it with a PIP assessment. PIP is hardly a model of good practice: 80% of PIP decisions get overturned at tribunal, and only 2% are down to new evidence. If the proposals contained in this consultation will not come in until 2025, when will we possibly see the plans come to fruition?**

On PIP, 68% of initial decisions are overturned at tribunal. The 80% refers to a specific high point in 2020. This 68% figure, further, does not represent all PIP decisions. 5.1 million initial decisions were taken between PIP's introduction and December 2022: 8% were appealed, and 4% were overturned at tribunal hearings.

The earliest we could implement any change would be from 2025 once the relevant legislation and necessary changes have been put in place.

The White Paper proposals to abolish the Work Capability Assessment are a long-term reform requiring primary legislation. We aim to roll out these reforms to new claims no earlier than 2026/27 on a staged, geographical basis so we can deliver this safely. We expect to complete this by 2029 at the earliest, before beginning to move the existing caseload.

**5. The backlog for Access to Work payments has trebled to 25,000 since the pandemic. Where are the proposals to bring that down?**

Access to Work is reviewing processes and has implemented several measures to support customers while demand remains high. These include prioritising new applications where the applicant has a job to start within the next 4 weeks, or where the customer has a grant coming to an end that requires renewal, as well as possible easements like a revised 'light touch' renewals process to speed up clearance times.

Longer term, we are transforming the Access to Work service through increased digitalisation that will make the application process easier and improve the delay from application through to decision.

**6. Where is the plan to slash the waiting lists for those who are struggling with anxiety and depression, which is keeping them out of the workplace?**

More people are getting support with their mental health than ever before. Unfortunately, the demand on NHS mental health services has risen significantly due to the impacts of the COVID-19 pandemic and the rise in the cost of living. The NHS is investing at least an additional £2.3 billion a year to allow an extra 2 million people to get the NHS-funded mental health support they need, as well as growing the mental health workforce by an additional 27,000 staff by 2024.

The NHS is also working towards implementing five new waiting time standards for people requiring mental healthcare in both A&E and in the community, to ensure timely access to the most appropriate, high-quality support.

**7. Where are the plans to give help to carers to support their sick and disabled loved ones so they can get back to work?**

We recognise that most carers of working age wish to stay in touch with the jobs market, not just for their financial well-being, but also to enhance their own lives and the lives of those for whom they care.

Local authorities deliver a wide range of high-quality care and support services, so carers can live healthy and fulfilling lives. This financial year, £327 million of Better Care Fund funding has been earmarked to provide short breaks and respite services for carers.

Universal Credit provides support for carers and improves their opportunities to maintain their links with work. Carers who combine caring with paid work will continue to receive the UC carer addition as part of their overall award for as long as they provide care for at least 35 hours per week for a severely disabled person. If carers work, a taper on earnings reduces the UC award gradually.

I hope that these answers resolve the questions you had on the day but do let me know if you need any further information.

*My best wishes  
James Younger*

**VISCOUNT YOUNGER OF LECKIE  
PARLIAMENTARY UNDER SECRETARY OF STATE FOR WORK AND PENSIONS**